Adiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/19/2008	Address:	CR 500W S OF SR 234	
Case #:	14F38376		CRAWFORDSVILLE, IN	
County:	MONTGOMERY			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
⊠ Operation ☐ Chemica ☑ Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): BEHIND BARN IN FIELD				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): 4 IN GARDEN SPRAYERS/ BEHIND BARN IN FIELD				
Corrosive Acid:				
Corrosive Base:				
Other (item and location): EMPTY COLEMAN FUEL CANS.				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrine Retail/Me	Investigative Information Phedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>765-435-2015</u> artment: <u>765</u> etion Service: <u>765-362-5600</u>	Fax: <u>NONE</u> Fax: <u>NONE</u> Fax: <u>765-361-0104</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TIM KENDALL Phone 765-567-2125				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.